[PAPER E.]

Report of a Successful Operation for Artificial Anus, in a Case of Imperforate Rectum.—By Manning Simons, M. D., Charleston, S. C.

—— P., a colored woman, was delivered on the 28th of December, 1877, of a male child, above the average weight, and apparently perfectly formed and well developed.

There was nothing that attracted attention to the child's condition, or that caused solicitude as to its formation, until the second day after its birth, when it was discovered that there had been no passage from the bowels, whilst the urine had been voided naturally.

I was requested to see the child on 29th December. On examination, the child appeared, externally, to be well formed; the anus was of normal size, in the proper situation, and of natural appearance; but it seemed to me that the tuberosities of the ischia were more nearly approximated than usual, giving a pointed and conical shape to the buttocks.

Not having a pocket-case with me, an examination was made with the smooth, tapering quill end of a small feather, and by this means it was discovered that the anus formed a *cul-de-sac*, extending upwards about half an inch, or a very little more.

Provided with instruments, I made a more careful examination with a probe, which proved the correctness of the result obtained on the first occasion. With a little force the probe was made to pass through the obstruction at the further end of the *cul-de-sac* above mentioned, and it was hoped that the termination of the rectum might in this way be reached.

After passing the probe to the extent of two and a

half, or three, inches, a groove director was introduced alongside of it, the probe answering as a guide, and it was hoped that the groove in the director would serve the purpose of conducting a sufficient quantity of the contents of the gut to decide if it had been reached.

This having failed to discover the gut, which, I thought, by being dilated by its contents, would the more easily be reached, a tenotomy knife was introduced along the groove director, and an incision made to facilitate the manipulation necessary to the effort to reach the intestine, and to pull it down, in order to attach it to the margin of the incision.

This also failed, although the groove director was passed up until the bones of the sacrum could be easily distinguished, even so high, as it appeared to me, as the promontory.

The exploration was made quite to the limits of prudence, and I feared at the time that it might have reached even beyond the bounds of safety.

The nature of the case was then explained to the father of the child, and the operation of colotomy was offered as the only possible means of prolonging its life; at the same time that the danger attending it was brought fully to his understanding.

The operation was at first refused, on the ground, as the man said, that he had heard of children who had gone eight days without a passage from the bowels, and had then been relieved naturally.

Under these circumstances I discontinued my visits, feeling satisfied that the only aid that could be rendered by art, was by the operative procedure just mentioned.

On the evening of the eighth day after the birth of the child, its father called on me, with the request that I would perform the operation.

On visiting the child the next day, I found it in a very wretched condition; the abdomen was immensely distended with the intestinal accumulations of more

than eight days; the respirations were very shallow, owing to the abdominal distention restricting the movements of the diaphragm, and causing it to encroach upon the contents of the thoracic cavity. In addition to this, castor oil had been administered from time to time, by the parents, since my last visit, and in this way the distress of the child had been very much augmented.

Although the circumstances were much against the success of the operation, I determined to give the child the benefit of the attempt.

After providing myself with the necessary instruments, I returned in the course of an hour, and with the assistance of my friends, Drs. H. W. DeSaussure, Jr., and T. Grange Simons, performed the following operation:

The child being put under the influence of chloroform, an incision of an inch was made longitudinally on the left side about an eighth of an inch above, and about the same distance behind the anterior superior spinous process of the ilium, its centre corresponding to the arbitrary line of separation between the lumbar and iliac regions. The skin, subcutaneous tissue, aponeurosis and muscles of this region were in turn cut through on the groove director until the peritoneum was seen uninjured in the bottom of the wound. This was cut through to the extent of the wound in the skin, and an exploration was made to find the sigmoid flexure of the large intestine.

After some little trouble, the gut was seized and brought out of the wound, and I believe that it was the portion of intestine sought after.

This having been done, it was retained in place by a large needle passed through the knuckle that was drawn out, the circumference was stitched to the edges of the wound with five points of an interrupted suture, silk being used for the purpose; and finally a circular piece

was cut from the gut with the scissors, corresponding to the centre of the imprisoned knuckle.

A profuse discharge of the contents of the intestine took place from the wound, but gradually enough to avoid the injurious effects of sudden diminution of the tension of the abdominal walls.

No effort was made to facilitate the flow by pressure, but it was left to be accomplished by the elasticity of the abdominal walls, the child being placed on the left side to avoid dragging on the wound.

The change in the child after this had been accomplished, was very remarkable and gratifying.

The amount of meconium, together with the secretions of the intestines and fæcal matter, accumulated during the nine days, that escaped, was very large, and whilst we were unable to measure it, I am within all bounds of probability when I place it at a pint.

At my visit a few hours after the operation, the wound was cleaned and dressed with carbolized oil, the surrounding integument being protected from irritation by the discharges, by means of folds of linen with a circular piece cut from the centre, soaked in the same mixture.

The child took the breast immediately, with avidity, and its distress and cries gave place to quiet and apparent relief from suffering.

The wound healed in about ten days, and gradually contracted from the size of a silver quarter of a dollar, to that of a half dime.

During the treatment of the wound, it was necessary to apply compresses to restrain the tendency to eversion of the mucous membrane of the gut, and to retain or receive the fæcal discharges, and prevent their continuous flow.

Since that time the child has had its operations regularly, through the opening, and the mother says that it gives but very little trouble and inconvenience to attend to it.

It is true, that there has been a tendency to continued contraction and closure of the opening, and at one time, through costiveness of the child for two days, it closed so far as to require to be dilated with carbolized sponge tents.

The opening is now sufficiently free to allow the passage of the fæces with comfort to the child. I propose to place an ivory tube, or some other mechanical arrangement of that kind, to keep it open until the thinning changes in the cicatrix have reached such degree as to obviate the danger of the complete closure.

At this date, more than three months since the operation, the child is well, to all appearances in good health, and is fat and well nourished. Above all other considerations, the parents are satisfied with the result.

At some time I desire to pass a gum elastic bougie through the opening, downwards, and if it be found to reach a point to justify the attempt, to endeavor to bring the gut down to its natural outlet, there stitch it, and then close the artificial opening.

This operation was prompted by the results of a post mortem examination performed on a child that died some years ago in the practice of one of my professional friends, under circumstances somewhat similar to those that I believe to exist in the case reported.

The examination discovered that the gut, from the sigmoid flexure to the anus, was little more than a fibrous cord, the canal of which was scarcely large enough to admit a probe.

I am induced to report this case, as, after diligent inquiry, I have not been able to learn of a successful operation of this kind, under similar circumstances, previously done in Charleston, although other cases are recorded in the standard works on surgery, and the operation is one recognized by surgical authorities as justifiable.

Charleston, S. C., March, 1878.